



AgriStability 2018 Supplementary Forms

Taxation year ending
January 1, 2018 through December 31, 2018

Submission Deadline:
September 30, 2019
See AgriStability Supplementary Forms (2018) Guide

A federal-provincial-territorial initiative

AFSC Contact
Phone: 1.877.899.AFSC (2372)
Email: info@AFSC.ca
Website: www.AFSC.ca
eForms: myAFSC.ca
Fax: 403.782.8348 or 1.855.700.AFSC (2372)

AFSC Hours: 8:15 am to 4:30 pm, Monday to Friday

Contact any Branch Office on the **AgriStability program** for inquiries, drop off or pick up of forms.

Or

Call Toll-Free: 1.877.899.AFSC (2372) 8:00 am to 6:00 pm, Monday to Friday

Email: info@AFSC.ca

Website: www.afsc.ca

eForms: myAFSC.ca

AFSC Branch office details can be found at www.afsc.ca.

AgriStability

For taxation year ends January 1, 2018 to December 31, 2018

Deadline: September 30, 2019. See AgriStability Supplementary Forms (2018) Guide



2018 AgriStability Supplementary Form

Identification Number	Subscription	AgriStability PIN - add zeros at front to equal 8 digits	Year
8 7 0	-		

Client Information

Business Name _____

Business Address _____

Contact Person (Must be a Client, or Shareholder of the company) _____

Fiscal Period: Year Month Day

Complete this section **ONLY** if the information below has changed or was not previously provided.

Address _____
Street / Mailing Town / City Province Postal Code

Home / Business _____
Phone Number Cell Fax

Email _____

Home Quarter _____
Part Section Township Range Meridian County / MD

Social Insurance number

Business number (BN)

Trust Taxation number

Authorized Representative (if applicable)

Name _____

Address _____
Street / Mailing Town / City Province Postal Code

Home / Business _____
Phone Number Fax Email

AgriStability Form Prepared by:

Name _____

Address _____
Street / Mailing Town / City Province Postal Code

Home / Business _____
Phone / Cell Number Fax Email

Date Stamp – primary

Date Stamp – secondary

Do Not Use
This Area

Identification Number	Subscription	AgriStability PIN	Year
8 7 0 _____	- _____	_____	_____

Additional Information

a) For any other additional information necessary to process your application (e.g. an explanation for a margin decline, share cows fed or any structural change) please use the following space:

b) If you participated in any Insurance programs for the 2018 program year, please provide the related Identification Number(s):

Freedom of Information and Protection of Privacy Act

The information on this form and any information you provide to us in the future related to this form is collected under the authority of the *Agriculture Financial Services Act* and the *Freedom of Information and Protection of Privacy Act* (the FOIP Act). The collected information, whether personal information or business information, will be used: (i) to evaluate your eligibility for the program to which this form relates; (ii) for the administration of the program; and/ or (iii) for the administration of any other AFSC program or benefit in which you participate. Your personal information is subject to the provisions of the FOIP Act.

By signing this form below, you are providing your consent to AFSC disclosing and sharing the information contained on this form, whether personal information or business information, or any other information that will be provided in the future by you or your authorized representative, to the following third parties: Alberta Agriculture and Forestry, Agriculture and Agri-Food Canada, Canada Revenue Agency and Statistics Canada. You consent that such disclosed and shared personal information and business information may be used in the following ways: (i) for the administration of all current and future AFSC federal and provincial programs related to agriculture, AFSC lending programs and AFSC insurance programs; (ii) for AFSC, federal and provincial policy and program development; and (iii) AFSC, federal, and provincial policy and program evaluation; (iv) for research and statistical development; and (v) for statistical purposes.

Client Declaration:

1. All of the information that I, my authorized agent and any other participant(s) named herein have provided to the Agriculture Financial Services Corporation is accurate, true, complete, correct and not misleading; and
2. I understand and acknowledge that I remain bound by the terms and conditions set out in the original AgriStability Participant Declaration that I have signed, and that I am required within sixty(60) days to notify the Agriculture Financial Services Corporation in writing of any changes to the information provided by me, my authorized representative or any other participant(s) named in my original AgriStability Participant Declaration, including, but not limited to, any Canada Revenue Agency (CRA) Notice of Assessment, for any program year or for any reference year.

If you have any questions about this form and the collection and use of your information, please contact the AFSC Client Contact Centre, 5718 - 56 Avenue, Lacombe AB T4L 1B1, 1.877.899.2372.

For individual participants the individual must sign. For corporations, and other entities, authorized signatories must sign. All partners must submit a separate application.

Client Signature _____ Date _____

Client Signature _____ Date _____

Mailing Address: 5718 56 Avenue, Lacombe Alberta, T4L 1B1

Fax To: 403.782.8348 or 1.855.700.AFSC (2372)

Note: If first year in AgriStability, please submit by mail an AgriStability Participant Declaration

PIN: _____

Complete Schedule 1a, 1b, 1c only if you file your income tax on a cash basis Refer to AgriStability Supplementary Forms (2018) Guide
Round Numbers to the nearest dollar

DEFERRED INCOME and RECEIVABLES

Schedule 1a

CHECK HERE IF NOTHING TO REPORT ☐

Description	Prior Years Income Received In or Deferred to Program Year	Program Year Income Deferred to Future Tax Year or Not Received by Year End
Crops (specify)	\$	\$
Crop and Hail Insurance payments		
Allowable Program Income (specify)		
Livestock (specify)		
TOTAL		

UNPAID EXPENSES

Schedule 1b

CHECK HERE IF NOTHING TO REPORT ☐

Description	Unpaid Expenses at Beginning of Program Year	Unpaid Expenses at End of Program Year
Livestock (specify)	\$	\$
Prepared Feed / Supplements		
Forage		
Seed		
Fertilizer and Lime		
Herbicides / Pesticides		
Fuel		
Crop Insurance Premiums		
Other (specify)		
TOTAL		

PURCHASED INPUTS

Schedule 1c

CHECK HERE IF NOTHING TO REPORT ☐

Description	Program Year Starting Inventory	Program Year Ending Inventory
Prepared Feed / Supplements	\$	\$
Fertilizer and Lime		
Herbicides / Pesticides		
Other (specify)		
TOTAL		

Schedule 2 (must be completed)

CHECK HERE IF NOTHING TO REPORT ☐

2017 ☐

Crop Year (please check)	2018	<input type="checkbox"/>
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Refer to Supplementary Forms (2018) Guide

Common Abbreviations:

Ton	- T
Tonnes	- t
Bushel	- bu
Pound	- lb

Crop share acres (landlord share)	
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acres included in total above

Starting Inventory (+) Quantity Produced (-) Landlord's Share (+) Purchases (-) Sales (-) Amount Fed (-) Seed Used = Ending Inventory

*If Yes (Y), provide Ending Fair Market Value (FMV) for contracted grain (See Guide for details).

PIN: _____

LIVESTOCK INVENTORY WORKSHEET

Schedule 3 (must be completed)

For the program year _____ to _____, 2018

CHECK HERE IF NOTHING TO REPORT ☐

Description	Program Year Starting Inventory		Births # of head	Purchases # of head	Average Purchase Weight	Sales # of head	Average Sale Weight	Deaths # of head	Transfers		Program Year End Inventory		
	# of head	Average Weight							In	Out	# of head	Average Weight	Fair Market Value
OWNED CATTLE: Breeding Bulls													
Bred Cows													
Bred Heifers													
Open Cows / Culls													
Calves Homeraised													
Purchased Calves													
Feeder Cattle													
Fat Cattle													
SWINE: Boars													
Sows and Gilts													
Weaners 0-50 lbs													
Growers 51-150 lbs													
Finishers 151-220 lbs													
Market Hogs 221-250 lbs													
YOUR SHARE CATTLE / OTHER:													

Starting Inventory (+) Births (+) Purchases (-) Sales (-) Deaths (+) Transfers In (-) Transfers Out = Ending Inventory

COMPLETE IF YOU CUSTOM FEED FOR INCOME:

Type of animals custom fed (e.g. Beef feeders): _____

Number of animals custom fed: _____

Average custom feed days per animal: _____

Dairy: Number of Hectolitres Sold: _____**Poultry:** Number of Dozen Eggs Sold: _____**Refer to Supplementary Forms (2018) Guide**

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